# The County of Los Angeles Department of Mental Health Presents: The 11th Annual Conference on Mental Health & Spritiuality



"MNew Season"

June 7, 2012

Space is limited! Please register early.

#### Registration & Payment Information

All DMH Employees must pre-register and Supervisor Approval is required.

Approved registration and payment must be received by May 18, 2012.

Make check or money order payable to: **County of Los Angeles** 

Please mail registration with payment of \$42.00 to:

Department of Mental Health Office of the Director/CGRD Attn: Destiny Walker 550 S. Vermont Ave., 12th Floor Los Angeles, CA 90020

#### Cancellation/Refunds

For a full refund, request must be received in writing no later than May 30, 2012; **NO REFUNDS after May 30, 2012** 

For additional information please contact Destiny Walker at (213) 639-6396 or dwalker@dmh.lacounty.gov

### **Registration Form**

## The County of Los Angeles Department of Mental Health Employees

Please Print Clearly

Name				
Employee Number		Payroll Title		
Bureau/Division		Unit/Program	Unit/Program	
Work Address				
City/State/Zip C	Code			
E-mail ( ) Phone				
Continuing F	Education Credits	:		
CME/CE/CEU credits will be offered at <u>no additional cost</u> for Psychologists, LCSWs, MFTs, RNs, and Drug Abuse and Alcohol Counselors.				
Please sign in at the CEU Table <b>On-Site</b> the day of the event.				
Please Select One	: PsyD	☐ MD	LCSW	
☐ MFT	☐ RN	☐ CAADAC	☐ Other:	
Payment Information:				
DMH Staff Rate: \$42.00				
☐ Check #				
☐ Money Order#:				
Funds: There	will be a \$33.00 fe	ee charged on checks	ey order only. (Insufficient returned by the bank due No on-site registration.	
Supervisor A		o process this applica	tion.	
Supervisor Name		Supervisor S.	Supervisor Signature	
( ) Supervisor Phon Number	ne	Date		